

02/07/02

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 01272.020508 First Named Inventor or Application Identifier MASAKI NITTA ET AL. Express Mail Label No. _____																																																																																	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 1. <input type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> </td> <td style="width: 50%;"> 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) </td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></td> <td>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> </td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification Total Pages 52</td> <td>a. <input type="checkbox"/> Computer Readable Form (CRF)</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 20</td> <td>b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper </td> </tr> <tr> <td>5. <input type="checkbox"/> Oath or Declaration Total Pages _____</td> <td>c. <input type="checkbox"/> Statements verifying identity of above copies</td> </tr> <tr> <td colspan="2"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> </td> </tr> <tr> <td colspan="2"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> </td> </tr> <tr> <td colspan="2"> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231 </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) </td> <td style="width: 50%;"> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> </td> <td style="width: 50%;"> <input type="checkbox"/> Power of Attorney </td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td colspan="2"></td> </tr> <tr> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td colspan="2"> <input type="checkbox"/> Copies of IDS Citations </td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Preliminary Amendment</td> <td colspan="2"></td> </tr> <tr> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td> <td colspan="2"></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> <td colspan="2"></td> </tr> <tr> <td>16. <input type="checkbox"/> Other: _____</td> <td colspan="2"></td> </tr> </table> </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <small>Prior application information:</small> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____ <small>Examiner _____</small> <input type="checkbox"/> Group/Art Unit: _____ </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. </td> </tr> <tr> <td colspan="4" style="padding: 10px;"> 18. CORRESPONDENCE ADDRESS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label </td> <td style="width: 40%; text-align: center;"> 05514 <small>(Insert Customer No. or Attach bar code label here)</small> </td> <td style="width: 30%;"> or <input type="checkbox"/> Correspondence address below </td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> NAME </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Address </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td>Telephone</td> <td></td> </tr> <tr> <td>Zip Code</td> <td></td> <td>Fax</td> <td></td> </tr> </table>				1. <input type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	3. <input checked="" type="checkbox"/> Specification Total Pages 52	a. <input type="checkbox"/> Computer Readable Form (CRF)	4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 20	b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	5. <input type="checkbox"/> Oath or Declaration Total Pages _____	c. <input type="checkbox"/> Statements verifying identity of above copies	a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small>		i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231				ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) </td> <td style="width: 50%;"> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> </td> <td style="width: 50%;"> <input type="checkbox"/> Power of Attorney </td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td colspan="2"></td> </tr> <tr> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td colspan="2"> <input type="checkbox"/> Copies of IDS Citations </td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Preliminary Amendment</td> <td colspan="2"></td> </tr> <tr> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td> <td colspan="2"></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> <td colspan="2"></td> </tr> <tr> <td>16. <input type="checkbox"/> Other: _____</td> <td colspan="2"></td> </tr> </table>				9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>	<input type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document (if applicable)			12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations		13. <input checked="" type="checkbox"/> Preliminary Amendment			14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>			16. <input type="checkbox"/> Other: _____			17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <small>Prior application information:</small> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____ <small>Examiner _____</small> <input type="checkbox"/> Group/Art Unit: _____				For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				18. CORRESPONDENCE ADDRESS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label </td> <td style="width: 40%; text-align: center;"> 05514 <small>(Insert Customer No. or Attach bar code label here)</small> </td> <td style="width: 30%;"> or <input type="checkbox"/> Correspondence address below </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	or <input type="checkbox"/> Correspondence address below	NAME				Address				City		State		Country		Telephone		Zip Code		Fax	
1. <input type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																																																																																		
2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small>	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>																																																																																		
3. <input checked="" type="checkbox"/> Specification Total Pages 52	a. <input type="checkbox"/> Computer Readable Form (CRF)																																																																																		
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 20	b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 																																																																																		
5. <input type="checkbox"/> Oath or Declaration Total Pages _____	c. <input type="checkbox"/> Statements verifying identity of above copies																																																																																		
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small>																																																																																			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>																																																																																			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																																																																																			
ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231																																																																																			
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) </td> <td style="width: 50%;"> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> </td> <td style="width: 50%;"> <input type="checkbox"/> Power of Attorney </td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (if applicable)</td> <td colspan="2"></td> </tr> <tr> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td colspan="2"> <input type="checkbox"/> Copies of IDS Citations </td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Preliminary Amendment</td> <td colspan="2"></td> </tr> <tr> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></td> <td colspan="2"></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></td> <td colspan="2"></td> </tr> <tr> <td>16. <input type="checkbox"/> Other: _____</td> <td colspan="2"></td> </tr> </table>				9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>	<input type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document (if applicable)			12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations		13. <input checked="" type="checkbox"/> Preliminary Amendment			14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>			15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>			16. <input type="checkbox"/> Other: _____																																																													
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small>	<input type="checkbox"/> Power of Attorney																																																																																	
11. <input type="checkbox"/> English Translation Document (if applicable)																																																																																			
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations																																																																																		
13. <input checked="" type="checkbox"/> Preliminary Amendment																																																																																			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>																																																																																			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>																																																																																			
16. <input type="checkbox"/> Other: _____																																																																																			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <small>Prior application information:</small> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____ <small>Examiner _____</small> <input type="checkbox"/> Group/Art Unit: _____																																																																																			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																																																																			
18. CORRESPONDENCE ADDRESS <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label </td> <td style="width: 40%; text-align: center;"> 05514 <small>(Insert Customer No. or Attach bar code label here)</small> </td> <td style="width: 30%;"> or <input type="checkbox"/> Correspondence address below </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	or <input type="checkbox"/> Correspondence address below																																																																													
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	or <input type="checkbox"/> Correspondence address below																																																																																	
NAME																																																																																			
Address																																																																																			
City		State																																																																																	
Country		Telephone																																																																																	
Zip Code		Fax																																																																																	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	27-20 =	7	X \$ 18.00 =	\$126.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$740.00
				Total of above Calculations =	\$950.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				\$0
				TOTAL =	\$950.00

19. Small entity status

- a. A small entity statement is enclosed
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

20. A check in the amount of \$ 950.00 to cover the filing fee is enclosed.21. A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME | LEONARD P. DIANA (Reg. No. 29,296)

SIGNATURE | 

DATE | February 6, 2002